

EXPRESSION OF INTEREST WORK EXPERIENCE FOR UNEMPLOYED LEARNERS 2015 - 2016

The Health and Welfare Sector Education and Training Authority ("HWSETA") invites all registered employers of the Health and Welfare sector to apply to participate in the implementation of the Work Experience for TVET (FET) graduates and learners for 2015-2016.

All applicants must complete the following information:

- **Section A** - Details of Employer
- **Section B** - Breakdown of Beneficiaries
- **Section C** - Authorisation Form

Details of the Work Experience for TVET (FET) learners project

The Work Experience grant is aimed at placing unemployed learners from TVET colleges with employers in the Health and Social Sector to gain work experience in line with the qualifications they are studying towards. All persons to be funded in this project **must be** unemployed and must have completed N6 theory from a public TVET college and is in need of 18 months workplace experience in order to graduate.

Employers may recruit learners of the following fields of study;

- | | | |
|------------------------|-----------------------------------|--------------------------------|
| • Business Management | • Marketing /Marketing Management | • Building & Civil Engineering |
| • Management Assistant | • Office Administration | • Electrical Engineering |
| • Finance | • Technical Financial Accounting | • Mechanical Engineering |
| • Economics | • Book Keeping | • Information Technology |
| • Accounting | • Human Resources Management | • Hospitality |
| • management | • Public Management | • Food and Beverage |
| • Sport Fitness | • Computer Studies | • Tourism |

Details of the funding for all employers wishing to participate:

- All learners must have completed the N6 theory from a public TVET college. Please note that no NCV learners may be recruited.
- All learners must have written confirmation from the TVET College that they are eligible for the 18 month workplace experience in order to graduate.
- All applications must be submitted by an HWSETA registered levy paying, non levy paying or levy exempt employer. The employer must have submitted a Workplace Skills Plan and Annual Training Report to the HWSETA for the 2015-2016 by the 30th of April 2015 except for employers that were granted an extension by the HWSETA board.

- All learners must be placed with the employer for a period of 18 months.
- The qualifying employer must ensure that a mentor is appointed/ nominated for the learner during the 18 month period.
- The HWSETA Workplace Experience for TVET learners grant only funds the stipend for the learner during the 18 month period.
- The learner may not be a beneficiary of any other HWSETA grant within the 2015-2016 financial year.

Breakdown of Funding Available

The table below indicates the total number of learners to be funded through this strategy across all provinces.

Targeted number of graduates	Stipend per learner
750	R45,000 (R2,500 per month x 18 months)

Qualifying criteria:

- **All employers** must submit a valid Original Tax Clearance Certificate with the application.
- **All employers** must be registered with the Health and Welfare SETA and are in possession on an SDL number or T-number.
- **All employers** must have submitted a WSPIR to HWSETA for the 2015-2016 financial year by the 30th of April 2015.
- **All employers** must ensure that all applications are done inline with the requirements of the grant as indicated under details of the funding, and all the required attachments accompany the application.
- **Levy Paying Organisations** – must be up to date with skills levy contributions.

Please note the following employment equity targets which the SETA will consider when allocating the grant to qualifying organisations:

- At least **85%** of all learners funded must be **Black**
- At least **54%** of all learners funded must be **Woman**
- At least **5%** of all learners funded must be **persons with disabilities**

Please Note:

The HWSETA reserves the right to withdraw the approval if:

- The information provided in the application form is not true and correct; or
- The employer does not adhere to any of the requirements laid down by the HWSETA.

Please ensure that the following documents are attached to this application

- Valid original Tax Clearance Certificate

The Approval Process

1. The HWSETA will only consider **fully completed** applications which have been submitted on or before **31st August 2015 by 16h00**. **No late applications will be considered.** A **fully completed** application means that Sections A, B and C of the application form must be completely filled in before being submitted.
2. Please ensure that **only pages 4, 5, and 6 of this Expression of Interest are submitted. (Sections A, B and C)**
3. The submission of an Expression of Interest Application does not mean that your application to participate in the Work Experience Project for 2015-2016 has been approved. All applicants will be informed in writing of the outcome of their application by **25th September 2015**.
4. The **Memorandum of Agreement** must be signed and submitted to the HWSETA by no later than **30th October 2015**. Please note that these are only submitted by employers who receive a conditional approval letter from the HWSETA after making an application.
5. The **Workplace Experience Agreements** must be signed and submitted to the HWSETA by no later than **30th November 2015**.
6. **Full Approval for the Internship grant** will only be granted and communicated once the signed MOA and Workplace Experience Agreements have been received and approved by the HWSETA.
7. Applications must be submitted either by hand or couriered to HWSETA physical offices, 17 Bradford Road, Bedfordview, 2007. **ONLY ORIGINAL HARD COPIES FULLY SIGNED WILL BE ACCEPTED. NO LATE, FAXED OR E-MAILED APPLICATION WILL BE ACCEPTED.** All applications must be addressed to:

CONTACT PERSON	TELEPHONE NO	POSTAL ADDRESS
Vuyelwa Mpumza	(011) 607-6951	17 Bradford Road, Bedfordview, 2007

SECTION A: Organisation Details

Employer Details:

NAME OF EMPLOYER:		
LEVY/T- NUMBER:		
BUSINESS ADDRESS (Physical)		
PROVINCE		Nearest Town:
LOCATION	Urban:	Rural:
TEL:		FAX:
EMAIL ADDRESS:		
MUNICIPALITY		
NUMBER OF EMPLOYEES:		
ORGANISATIONS PRIMARY FOCUS		
WSP SUBMISSION DATE		
NAME OF CONTACT PERSON		
POSITION IN THE ORGANISATION		

SECTION B: Breakdown of Beneficiaries

[illegible]

SECTION C: Authorisation

We hereby confirm that the information supplied on the accompanying schedules is true and correct.

Name and Surname of SDF: _____

Signature: _____

Date: _____

Name and Surname of Organisation contact: _____

Designation in the organisation: _____

Contact details: _____

Telephone: _____

Mobile (Cell): _____

Signature: _____

Date: _____

Please note:

Section A, B and C must be **initialled** on each page.